

TOWN OF SPRINGERVILLE

“A Community for all Seasons”

AUTHORIZATION AND RELEASE OF LIABILITY

I, _____, have applied for employment with the Town of Springerville. I hereby authorize the Town to contact all former and current employer references or other references listed, as well as any educational institutes listed on my application. All references and educational institutions are authorized to release all information they may have about me with regard to my application for employment with the Town.

I HEREBY RELEASE THE TOWN OF SPRINGERVILLE AND ITS EMPLOYEES, AS WELL AS ALL REFERENCES AND EDUCATIONAL INSTITUTES FROM ANY LIABILITY TO ME OR MY PERSONAL REPRESENTATIVES, HEIRS AND ASSIGNS FOR ANY LIABILITY OR DAMAGES WHICH MAY RESULT OR BE CLAIMED BECAUSE OF INFORMATION PROVIDED, OR BECAUSE OF THE FACT THAT ANY INFORMATION WAS PROVIDED, I FURTHER AGREE TO DEFEND AND HOLD HARMLESS THE TOWN OF SPRINGERVILLE AND ANY REFERENCES OR EDUCATIONAL INSTITUTIONS FROM ANY CLAIMS DEMANDS, LAWSUITS, JUDGMENTS OR ANY OTHER LIABILITY WHATSOEVER RELATING TO INFORMATION PROVIDED WHICH RELATES TO MY APPLICATION FOR EMPLOYMENT WITH THE TOWN OF SPRINGERVILLE.

DATED this _____ day of _____ 19_____.

APPLICANT'S SIGNATURE

TOWN OF SPRINGERVILLE

“A Community For All Seasons”

Town of Springerville
P.O. Box 390
Springerville, AZ 85938
(520) 333-2656

APPLICATION FOR EMPLOYMENT

READ THE FOLLOWING INSTRUCTIONS CAREFULLY BEFORE
FILLING OUT YOUR APPLICATION FOR EMPLOYMENT

TYPE OR PRINT CLEARLY IN INK ONLY.

All requested information must furnished.

If an item does not apply to you, or if there is no information to be given, write in the letters “NA” for Not Applicable.

All information contained on the application is subject to verification. Any omissions or misstatements may be cause for rejection of this application, removal of your name from an eligibility list, or discharge from Town service.

Note, for completing “Employment History”: Fill in ALL spaces accurately and completely. The information you give will be used to determine your qualifications for employment. List all work/volunteer experience which is related to the job for which you are applying.

When a block contains experience in more than one type of work (i.e. personnel, budget, director, etc.), estimate and indicate the approximate percentage of time spent on each duty. Place the percentage in the parentheses at the end of the description of duties. Use separate blocks if your duties, responsibilities or salary level changed materially while working for the same employer.

A RESUME MAY BE SUBMITTED: HOWEVER, YOU MUST COMPLETE ALL
INFORMATION REQUESTED ON THE APPLICATION. (Resume Attached
____yes ____No)

POSITION APPLIED FOR: _____ YOUR SALARY
REQUIREMENTS: _____

\$ _____ Per _____

NAME:

MIDDLE

LAST

FIRST

ADDRESS:

(Street & P.O. Box) (City) (State)
(Zip)

HOME PHONE: _____ MESSAGE
PHONE: _____

SOCIAL SECURITY NUMBER _____

ARE YOU OVER 18 YEARS OF AGE? _____

ARE YOU LEGALLY ABLE TO WORK IN THE UNITED STATES? _____
(Proof will be required upon hiring)

THE TOWN OF SPRINGERVILLE IS AN EQUAL OPPORTUNITY EMPLOYER
AND COMPLIES WITH AMERICANS WITH DISABILITIES ACT.

You will accept: learn	Shift work you will accept:	How did you of this position?
() REGULAR Newspaper	() Days	()
() Full-Time	() Evenings	() Job
Board		
() Part-Time	() Nights	() Job Service
	() Rotating	() Other
() TEMPORARY		
() Full-time		

() Part-Time		
() On Call		

CHECK THE APPROPRIATE BOX: YES NO	Yes No	CHECK THE APPROPRIATE BOX	YES
A. Are you a U.S. Citizen or do you have () have the legal right to remain permanently in the U.S.?	() ()	F. Have you ever been discharged or requested or forced to resign from any position?	()
B. If required to drive a town vehicle, do you possess a valid AZ drivers license?	() ()	G. Do you have any reason to believe you will be discharged or requested to resign from your current position	() ()

License No.: _____
days?
Expiration Date: _____

within the next thirty (30)

C. Have you ever worked for the Town
served in the () ()
of Springerville?
Branch: _____
When? _____

() ()

H. Have you ever
Armed Forces?
From: _____ to
(Mo/Yr) (Mo/Yr)

D. Are any of your relatives, either () ()
to be registered () ()
by blood or marriage, employed by
Service?
The Town of Springerville?

I. Are you eligible
for Selective

E. Except for minor traffic violations, () ()
registered for Selective
were you ever convicted of any federal,
() ()
State, local or military law or statute?

J. Have you
Service?

Conviction of a crime will not be an
questions
absolute bar to employment.
explain in the space
PLEASE NOTE:
(Explanation does not

K. If the answer is "yes" to
D,E,F, or G, please
provided below
preclude employment.)

Explanation:

EDUCATION

Did you receive a High School diploma? () Yes () No G.E.D. Date:

Name: _____ Address:

Name (s) of Colleges or Universities attended: Dates: Credits:
Degree/Year

Chief Undergraduate Courses Hours Chief Graduate Courses Studies

Hours

Dates

Courses

Trade, Technical, Business, Correspondence or other
Studied

Attended

License, Trade or Professional Registration

Honors, Awards, Fellowships

EMPLOYMENT HISTORY

Show complete experience related to the job for which you are applying; military and volunteer experience. Give additional experience when it applies to the position you are seeking. Be accurate and complete. Your qualifications will be evaluated on the basis of the information provided on this application. Start with your present or last position and proceed in reverse chronological order. The Town will contact previous employers and any hiring decisions made by the Town is contingent upon favorable references from your current and prior employers.

PRESENT OR MOST RECENT JOB:

Employer: _____

Address: _____

Kind of Business: _____

Department: _____

Your Title: _____

Name/Title of Department _____

Head or Business _____

of Workers Directly Supervised: _____

Owner: _____

Equipment or machinery operated: _____

Name/Title of Supervisor: _____

Describe each major function or duty you

performed: _____

Dates: of employment:

FROM:

_____ TO: _____

TOTAL MONTHS

WORKED: _____

HOURS PER MONTH:

Starting Salary: \$

_____ per _____

_____per _____

Final Salary: \$

present employer prior to

May we contact your

() No

employment? () Yes

Reason for leaving?

SECOND MOST RECENT JOB:

Employer: _____

Address:

Kind of business: _____

Department:

Your Title: _____

Name/Title of Department

Head or Business

Workers Directly Supervised: _____

Owner:

Equipment or machinery operated: _____

Name/Title of Supervisor:

Describe each major function or duty you performed: _____ Dates: of employment: _____
FROM:

_____ TO: _____

TOTAL MONTHS

WORKED: _____

HOURS PER

MONTH: _____

Starting Salary: \$

_____per _____

_____per _____

Final Salary: \$

present employer prior to

May we contact your

Yes () No

employment? ()

Reason for leaving?

MEDICAL EXAMINATION:

A job-related medical examination may be required for the job you are applying for and an offer of employment will be contingent upon your passing said medical examination

REFERENCES:

List two persons who have known you for at least five (5) years and one person who lives in your immediate neighborhood

Name_____

__phone _____

Address_____

Name

_____phon

e _____

Address

ADDITIONAL COMMENTS:

READ THIS APPLICATION AND YOUR ANSWERS CAREFULLY BEFORE
SIGNING BELOW:

I hereby certify and represent that all information given on this application and any supporting information is true and complete. I understand that any falsification or material omission of information is grounds for refusal to hire or, if hired, is grounds for termination. I will keep the Personnel Director advised about any changes of address or telephone number so long as I am employed or being considered for employment by the Town of Springerville.

Signature: _____

Date: _____

PERSONNEL DEPARTMENT USE ONLY

Date: _____

Received: _____

() Accepted

Reviewed: _____

() Rejected